

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Maggie's List

ADDRESS (number and street)

6675 Weeping Willow Way

☐Check if different  
than previously  
reported. (ACC)

Tallahassee

FL

32311

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00469023

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☒July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2010

through

06

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Nancy H. Watkins, Assistant Treasurer

Signature of Treasurer

Electronically Filed by Nancy H. Watkins, Assistant Treasurer

Date

07

13

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 11

Write or Type Committee Name  
Maggie's List

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date														
6. (a) Cash on Hand January 1 <table><tr><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td></tr></table>	Y	Y	Y	2	0	1		<table><tr><td>2</td><td>0</td><td>0</td><td>0</td><td>.</td><td>2</td><td>8</td></tr></table>	2	0	0	0	.	2	8	
Y	Y	Y														
2	0	1														
2	0	0	0	.	2	8										
(b) Cash on Hand at Beginning of Reporting Period .....	<table><tr><td>1</td><td>2</td><td>5</td><td>5</td><td>.</td><td>2</td><td>4</td></tr></table>	1	2	5	5	.	2	4								
1	2	5	5	.	2	4										
(c) Total Receipts (from Line 19) .....	<table><tr><td>7</td><td>5</td><td>7</td><td>5</td><td>.</td><td>0</td><td>0</td></tr></table>	7	5	7	5	.	0	0	<table><tr><td>1</td><td>8</td><td>5</td><td>8</td><td>.</td><td>0</td><td>0</td></tr></table>	1	8	5	8	.	0	0
7	5	7	5	.	0	0										
1	8	5	8	.	0	0										
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table><tr><td>2</td><td>0</td><td>1</td><td>2</td><td>.</td><td>7</td><td>2</td></tr></table>	2	0	1	2	.	7	2	<table><tr><td>2</td><td>0</td><td>5</td><td>8</td><td>.</td><td>5</td><td>2</td></tr></table>	2	0	5	8	.	5	2
2	0	1	2	.	7	2										
2	0	5	8	.	5	2										
7. Total Disbursements (from Line 31) .....	<table><tr><td>3</td><td>7</td><td>6</td><td>7</td><td>.</td><td>7</td><td>1</td></tr></table>	3	7	6	7	.	7	1	<table><tr><td>4</td><td>2</td><td>2</td><td>5</td><td>.</td><td>7</td><td>5</td></tr></table>	4	2	2	5	.	7	5
3	7	6	7	.	7	1										
4	2	2	5	.	7	5										
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td>1</td><td>6</td><td>3</td><td>5</td><td>.</td><td>9</td><td>3</td></tr></table>	1	6	3	5	.	9	3	<table><tr><td>1</td><td>6</td><td>3</td><td>5</td><td>.</td><td>9</td><td>3</td></tr></table>	1	6	3	5	.	9	3
1	6	3	5	.	9	3										
1	6	3	5	.	9	3										
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td></tr></table>	0	0	.	0	0										
0	0	.	0	0												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td></tr></table>	0	0	.	0	0										
0	0	.	0	0												

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

Maggie's List

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	4000.00	13300.00
(ii) Unitemized .....	575.00	2285.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	4575.00	15585.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	3000.00	3000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	7575.00	18585.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	7575.00	18585.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	7575.00	18585.00

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	400.00	
(b) Other Federal Operating Expenditures.....	2267.71	2325.75	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	2267.71	2725.75	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	1500.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3767.71	4225.75	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3767.71	3825.75	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 11

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	7575.00	18585.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7575.00	18585.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2267.71	2325.75
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2267.71	2325.75

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Maggie's List

**A.**

Full Name (Last, First, Middle Initial)

Judith A. Albertelli

Mailing Address 11651 Olde Mandarin Road

City

Jacksonville

State

FL

Zip Code

32223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/a

Occupation

community volunteer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.4237

Amount of Each Receipt this Period

500.00

Earmarked to Sandy Adams  
for Congress

**B.**

Full Name (Last, First, Middle Initial)

Marsha L. Bowen

Mailing Address 7044 Ox Bow Road

City

Tallahassee

State

FL

Zip Code

32312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bowen Bros., Inc.

Occupation

citrus/cattle

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.4206

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Elvira Hasty

Mailing Address 187 Governors Road

City

Ponte Vedra Beach

State

FL

Zip Code

32082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/a

Occupation

retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.4214

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maggie's List

A.

Full Name (Last, First, Middle Initial)

Jo Quittschreiber

Mailing Address 2794 Kissimmee Bay Circle

City State Zip Code  
 Kissimmee FL 34744

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.4230

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Deborah L. Van Dormolen

Mailing Address 1507 Hilltop Circle

City State Zip Code  
 Salado TX 76571

FEC ID number of contributing federal political committee.

C

Name of Employer  
n/aOccupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.4209

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional) .....

2250.00

TOTAL This Period (last page this line number only) .....

4000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 11

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maggie's List

**A.**

Full Name (Last, First, Middle Initial)

Florida Republican Leadership PAC

Mailing Address 1316 Lake Victoria Drive

City

Lake Worth

State

FL

Zip Code

33461

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: SA11C.4224

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Protect America's Future PAC

Mailing Address 2460-A Mitcham Drive

City

Tallahassee

State

FL

Zip Code

32308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: SA11C.4232

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

3000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 11

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Maggie's List

<b>A.</b> Full Name (Last, First, Middle Initial) Direct Mail Systems, Inc.	<b>Transaction ID:</b> SB21B.4226 <b>Date of Disbursement</b>																				
Mailing Address 12450 Automobile Blvd.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	7		2	0	1	0												
City Clearwater State FL Zip Code 33762	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement direct mail services	<table border="1"> <tr> <td colspan="10">299.60</td> </tr> </table>	299.60																			
299.60																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) eDonation.com	<b>Transaction ID:</b> SB21B.4217 <b>Date of Disbursement</b>																				
Mailing Address 117 N. Saint Asaph Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	3		2	0	1	0												
City Alexandria State VA Zip Code 22314	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement online fundraising	<table border="1"> <tr> <td colspan="10">90.09</td> </tr> </table>	90.09																			
90.09																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Sandra B. Mortham	<b>Transaction ID:</b> SB21B.4249 <b>Date of Disbursement</b>																				
Mailing Address 6675 Weepong Willow Way	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	1	0												
City Tallahassee State FL Zip Code 32311	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement food & beverage	<table border="1"> <tr> <td colspan="10">359.58</td> </tr> </table>	359.58																			
359.58																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**749.27**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 11

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Maggie's List

**A.**

Full Name (Last, First, Middle Initial)

The Caucus Room

Mailing Address 401 9th Street, N.W.

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.4212

Date of Disbursement

/   /

Amount of Each Disbursement this Period

375.00

**B.**

Full Name (Last, First, Middle Initial)

The Caucus Room

Mailing Address 401 9th Street, N.W.

City Washington State DC Zip Code 20004

Purpose of Disbursement  
catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.4229

Date of Disbursement

/   /

Amount of Each Disbursement this Period

856.18

**SUBTOTAL** of Disbursements This Page (optional) .....

1231.18

**TOTAL** This Period (last page this line number only) .....

1980.45

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Maggie's List

**A.**

Full Name (Last, First, Middle Initial)

Sandy Adams for Congress

Mailing Address P. O. Box 1566

City  
Orlando

State  
FL

Zip Code  
32802

Purpose of Disbursement

Candidate Name  
Sandy Adams

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 24

**Transaction ID:** SB23.4241

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)

Sandy Adams for Congress

Mailing Address P. O. Box 1566

City  
Orlando

State  
FL

Zip Code  
32802

Purpose of Disbursement

Judith A. Albertelli

Candidate Name  
Sandy Adams

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 24

**Transaction ID:** SB23.4242

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**1500.00**

**TOTAL** This Period (last page this line number only) .....

**1500.00**